

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

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IN RE:

Joel Rivera,

Chapter 7

Case No.: 23-42603

Debtor(s)

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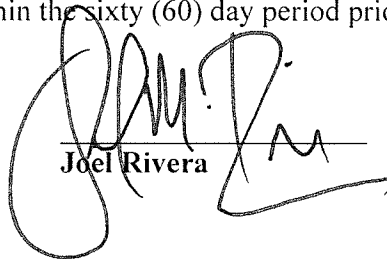
STATE OF NEW YORK)

COUNTY OF NASSAU) s.s;

AFFIDAVIT OF INCOMPLETE PAY ADVICE

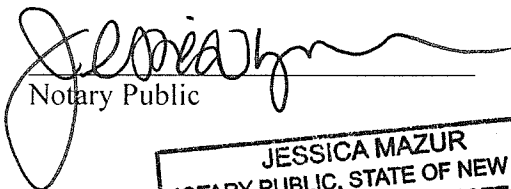
I, **Joel Rivera**, being duly sworn on oath depose and states:

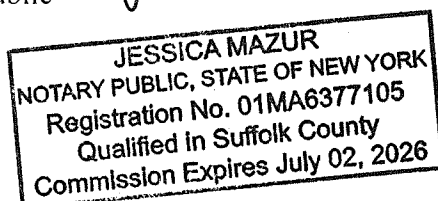
1. I am the Debtor in the above-referenced Bankruptcy.
2. I understand that the Bankruptcy Act requires the filing of pay advice for the entire sixty (60) day period prior to the Bankruptcy filing.
3. I am unable to file complete pay advice for the entire sixty (60) day period prior to this Bankruptcy filing because I was unemployed for a portion of this time frame.
4. Attached is my pay advice received within the sixty (60) day period prior to the Bankruptcy Filing.


Joel Rivera

Subscribed and sworn to before me

this 28th day of JULY 2023


Notary Public



CO. FILE DEPT. CLOCK VCHR. NO.
SL6 009962 400 0000290162 1

CONTINENTAL HOME CARE
116-55 QUEENS BLVD, SUITE 224
FOREST HILLS, NY 11375
718 544 4488

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 07/08/2023
Period Ending: 07/14/2023
Pay Date: 07/21/2023

JOEL RIVERA
73-14 WOODHAVEN BLVD
APT 1A
GLENDALE NY 11385

Earnings	rate	hours	this period	year to date
Regular	20.0000	28.00	560.00	1,092.00
Gross Pay			\$560.00	1,092.00

Other Benefits and

Information	this period	total to date
Sick Earned	0.93	1.86
Wp Benefits	30.52	89.04
Totl Hrs Worked	28.00	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 718-544-4488

BASIS OF PAY: HOURLY

YOUR HOURLY RATE HAS BEEN CHANGED FROM 19.0000 TO 20.0000.

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

Deductions	Statutory	this period	year to date
Federal Income Tax	-31.00		58.64
Social Security Tax	-34.72		67.70
Medicare Tax	-8.12		15.83
NY State Income Tax	-19.81		38.08
New York Cit Income Tax	-14.39		27.67
NY Paid Family Leave Ins	-2.55		4.97
Net Pay		\$449.41	
Full Checking	-449.41		
Net Check		\$0.00	

Your federal taxable wages this period are \$560.00

CONTINENTAL HOME CARE
116-55 QUEENS BLVD, SUITE 224
FOREST HILLS, NY 11375
718 544 4488

Advice number: 00000290162
Pay date: 07/21/2023

Deposited to the account of	account number	transit ABA	amount
JOEL RIVERA	xxxxxxxx9751	xxxx xxxx	\$449.41

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
SL6 009962 400 0000280138 1

Earnings Statement



CONTINENTAL HOME CARE
116-55 QUEENS BLVD, SUITE 224
FOREST HILLS, NY 11375
718 544 4488

Period Beginning: 07/01/2023
Period Ending: 07/07/2023
Pay Date: 07/14/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

JOEL RIVERA
73-14 WOODHAVEN BLVD
APT 1A
GLENDALE NY 11385

Earnings	rate	hours	this period	year to date
Regular	19.0000	28.00	532.00	532.00
Gross Pay			\$532.00	532.00
Deductions	Statutory			
	Federal Income Tax	-27.64	27.64	
	Social Security Tax	-32.98	32.98	
	Medicare Tax	-7.71	7.71	
	NY State Income Tax	-18.27	18.27	
	New York Cit Income Tax	-13.28	13.28	
	NY Paid Family Leave Ins	-2.42	2.42	
Net Pay			\$429.70	
	Full Checking	-429.70		
Net Check			\$0.00	

Other Benefits and

Information	this period	total to date
Sick Earned	0.93	0.93
Wp Benefits	58.52	58.52
Totl Hrs Worked	28.00	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 718-544-4488

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

Your federal taxable wages this period are \$532.00

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CONTINENTAL HOME CARE
116-55 QUEENS BLVD, SUITE 224
FOREST HILLS, NY 11375
718 544 4488

Advice number: 00000280138
Pay date: 07/14/2023

Deposited to the account of	account number	transit ABA	amount
JOEL RIVERA	xxxxxxxx9751	xxxx xxxx	\$429.70

THIS IS NOT A CHECK

NON-NEGOTIABLE